

## General

### Title

Home health care: percentage of home health episodes of care during which the patient improved in ability to bathe themselves.

### Source(s)

Crisler KS, Hittle DF, Conway KS, West LR, Shaughnessy PW, Richard AA, Powell MC, Lawlor KL, Donelan-McCall NS, Beaudry JM, Baillie LL, Schlenker RE, Engle K. OASIS and outcome-based quality improvement in home health care: research and demonstration findings, policy implications, and considerations for future change. Vol. 3, Research and clinical supporting documents [9 supporting documents]. Denver (CO): Center for Health Services Research, University of Colorado Health Sciences Center; 2002 Feb 1.

Hittle DF, Crisler KS, Beaudry JM, Conway KS, Shaughnessy PW, West LR, Richard AA. OASIS and outcome-based quality improvement in home health care: research and demonstration findings, policy implications, and considerations for future change. Vol. 4, OASIS chronicle and recommendations. Denver (CO): Center for Health Services Research, University of Colorado Health Sciences Center; 2002 Feb 1.

Home Health Quality Measures – Outcomes. Baltimore (MD): Centers for Medicare & Medicaid Services (CMS); 2016 Mar. 10 p.

Shaughnessy PW, Crisler KS, Hittle DF, Schlenker RE, Conway KS, West LR, Powell MC, Richard AA. OASIS and outcome-based quality improvement in home health care: research and demonstration findings, policy implications, and considerations for future change. Vol. 1, Policy and program overview. Denver (CO): Center for Health Services Research, University of Colorado Health Sciences Center; 2002 Feb 1.

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## Measure Domain

### Primary Measure Domain

Clinical Quality Measures: Outcome

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure is used to assess the percentage of home health episodes of care during which the patient improved in ability to bathe themselves.

### Rationale

Patients need certain physical abilities and capacities (motor skills, symptom relief) to bathe themselves in the bath or shower. Many patients who receive home health care are recovering from an injury or illness and may have difficulty performing the tasks of bathing and/or may need help from another person or special equipment to accomplish this activity. The required physical abilities for bathing can be developed or maintained by managing patient symptoms or through rehabilitative services. Home health care staff can encourage patients to be as independent as possible, can evaluate patients' needs, and can teach them how to use special devices or equipment and increase their ability to perform some activities without the assistance of another person. Improving patients' ability to bathe themselves contributes to patient comfort, hygiene, skin integrity, quality of life and can allow them to live as long as possible in their own environment. Getting better at bathing may be a sign that they are meeting the goals of their care plan or that their health status is improving. Recovering independence in bathing is often a rehabilitative goal for home health patients, making it a reasonable evaluation indicator of effective and high-value home health care.

A report on agency performance on this measure is provided to home health agencies (HHAs) as part of the Outcome-Based Quality Improvement (OBQI) Outcome Report. The OBQI reports allow the agency to compare their agency's rates in the current year compared to prior years and to national reference rates (i.e., benchmarking) values. HHAs can use the OBQI outcome measures as part of a systematic approach to continuously improving the quality of care they provide by targeting care practices that influence specific patient functioning and health status. Therefore, the measure is important to making significant gains in health care quality and improving health outcomes for a specific high impact aspect of healthcare where there is variation in performance.

In addition, this measure is reported on the [Medicare Home Health Compare Web site](#)

providing information for consumers and their families about the quality of care provided by individual HHAs, and allowing consumers to see how well patients of one agency fare compared to other agencies and to the state and national average. The Web site presents the quality measures in consumer-friendly language and provides a tool to assist consumers in the selection of an HHA.

### Evidence for Rationale

Deitz D. (Abt Associates, Cambridge, MA). Personal communication. 2012 May 18.

### Primary Health Components

Home health care; activities of daily living (ADLs); bathing

## Denominator Description

Number of home health episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions (see the related "Denominator Inclusions/Exclusions" field)

## Numerator Description

Number of home health episodes of care where the value recorded on the discharge assessment indicates less impairment in bathing at discharge than at start (or resumption) of care (see the related "Numerator Inclusions/Exclusions" field)

## Evidence Supporting the Measure

### Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### Additional Information Supporting Need for the Measure

Calendar year 2007 data for 8,961 Medicare certified home health agencies were examined in terms of the level and variability of performance across agencies. For this measure, the median score on the risk-adjusted measure was 61.9 and the coefficient of variation was 25.35. These results demonstrate that room for improvement exists with respect to this quality measure. Considerable variability exists in the performance of agencies on the risk-adjusted measure, suggesting that it captures an aspect of care that is under the agency's control.

### Evidence for Additional Information Supporting Need for the Measure

Deitz D. (Abt Associates, Cambridge, MA). Personal communication. 2012 May 18.

## Extent of Measure Testing

### Validity

As part of the National Outcome-Based Quality Improvement (OBQI) Demonstration project when OASIS was originally designed and tested, several tests of validity were conducted for each OASIS item, including the items used to calculate this measure. The items passed each of the following validity assessments:

- Consensus validity by expert researcher/clinical panels for outcome measurement and risk factor measurement

- Consensus validity by expert clinical panels for patient assessment and care planning

- Criterion or convergent/predictive validity for outcome measurement/risk factor measurement

- Convergent/predictive validity: case mix adjustment for payment

- Validation by patient assessment and care planning

- Validation by outcome enhancement

Descriptions for these validation assessments are contained in the accompanying descriptions taken from *Volume 4: OASIS Chronicle and Recommendation* (2001).

#### Reliability

The primary reliability testing for this measure took place as part of the National OBQI Demonstration project when OASIS was originally designed and tested. In spring 1997, 41 patients from two agencies and in fall 1998, 25 patients from three different agencies were assessed by two registered nurse (RN) level assessors who were provided training on assessment methods. The results from these studies are collectively referred to as "Study 1." Study 2 was an independent inter-rater reliability study conducted by Katherine Berg of Brown University (1999) with 144 patients. Study 3 was a concurrent assessment of inter-rater reliability by Madigan, Tullai-McGinness, and Fortinsky (2001) with 88 patients from 21 agencies.

## Evidence for Extent of Measure Testing

Goldberg HB, Delargy D, Schmitz RJ, Moore T, Wrobel M, Berg K. Interim reliability report: Medicare home health case-mix project. Appendix G. Case-Mix Adjustment for a National home health prospective payment system. Second interim report. Cambridge (MA): Abt Associates; G.3-G.25 p.

Hittle DF, Crisler KS, Beaudry JM, Conway KS, Shaughnessy PW, West LR, Richard AA. OASIS and outcome-based quality improvement in home health care: research and demonstration findings, policy implications, and considerations for future change. Vol. 4, OASIS chronicle and recommendations. Denver (CO): Center for Health Services Research, University of Colorado Health Sciences Center; 2002 Feb 1.

How to obtain meaningful and reliable results with OASIS data. In: Madigan, Tullai-McGinness, Fortinsky. Presentation at the annual meeting of the National Association for Home Care; October 2001; Las Vegas (NV).

OASIS 2: Home Health Quality Measures - supporting information. [internet]. Cambridge (MA): Abt Associates, Inc., Domestic Health Division; [accessed 2012 Oct 16]. [1 p].

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

not defined yet

## Application of the Measure in its Current Use

### Measurement Setting

Home Care

### Professionals Involved in Delivery of Health Services

not defined yet

## Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

## Statement of Acceptable Minimum Sample Size

Specified

## Target Population Age

Age greater than or equal to 18 years

## Target Population Gender

Either male or female

## National Strategy for Quality Improvement in Health Care

### National Quality Strategy Aim

Better Care

### National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

## Institute of Medicine (IOM) National Health Care Quality Report Categories

### IOM Care Need

Getting Better

Living with Illness

### IOM Domain

Effectiveness

## Data Collection for the Measure

### Case Finding Period

## Case Finding Period

Rolling 12 month period

## Denominator Sampling Frame

Patients associated with provider

## Denominator (Index) Event or Characteristic

Encounter

Patient/Individual (Consumer) Characteristic

## Denominator Time Window

not defined yet

## Denominator Inclusions/Exclusions

### Inclusions

Number of home health episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions

All home health episodes:

- With an OASIS assessment for both the beginning and end point
- With an end point that occurs in the reporting year
- Other than those covered by denominator exclusions

### Exclusions

#### *Measure-specific Exclusions*

Home health episodes of care for which:

- At start/resumption of care, OASIS item M1830 "Bathing" = 0, indicating that the patient was able to bathe self independently; OR
- The value recorded of OASIS item 1700 "Cognitive Functioning" = 4, indicating that the patient was totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state or delirium.
- The value recorded on M1710 "When Confused" or M1720 "When Anxious" is Not Applicable (NA) on the start (or resumption) of care, indicating the patient is non-responsive; OR
- The patient did not have a discharge assessment because the episode of care ended in transfer to inpatient facility or death at home; OR
- All episodes covered by the generic exclusions

#### *Generic Exclusions*

Home health episodes of care that are exempt from the OASIS reporting requirement, including:

- Pediatric home health patients
- Home health patients receiving maternity care only
- Home health clients receiving non-skilled care only
- Home health patients for which neither Medicare nor Medicaid is a payment source

## Exclusions/Exceptions

not defined yet

## Numerator Inclusions/Exclusions

### Inclusions

Number of home health episodes of care where the value recorded on the discharge assessment indicates less impairment in bathing at discharge than at start (or resumption) of care

Note: Improvement in Bathing is coded as follows:

1 (YES) IF: The value recorded for the OASIS item M1830 on the discharge assessment is numerically less than the value recorded on the start (or resumption) of care assessment, indicating less impairment at discharge compared to start of care.

0 (NO) IF: The value recorded for the OASIS item M1830 on the discharge assessment is numerically greater than or equal to the value recorded on the start (or resumption) of care assessment, indicating the same or more impairment at discharge compared to start of care.

### Exclusions

Unspecified

## Numerator Search Strategy

Episode of care

## Data Source

Administrative clinical data

## Type of Health State

Functional Status

## Instruments Used and/or Associated with the Measure

The Outcome and Assessment Information Set (OASIS) for Home Care

## Computation of the Measure

## Measure Specifies Disaggregation

Does not apply to this measure

## Scoring

Rate/Proportion

## Interpretation of Score

Desired value is a higher score

## Allowance for Patient or Population Factors

not defined yet

## Description of Allowance for Patient or Population Factors

Logistic regression models for risk adjustment were developed using three million episodes of care based on OASIS national repository data from assessments submitted between January 1, 2010 and September 30, 2010.

Details of the model are available from the *Home Health Agency Quality Measures: Logistic Regression Models for Risk Adjustment* at the [Centers for Medicare & Medicaid Services \(CMS\) Web site](#)

## Standard of Comparison

not defined yet

## Identifying Information

### Original Title

Improvement in bathing.

### Measure Collection Name

Outcome and Assessment Information Set (OASIS)

### Measure Set Name

Outcome-Based Quality Improvement (OBQI) Measures

### Submitter

Centers for Medicare & Medicaid Services - Federal Government Agency [U.S.]

### Developer

Center for Health Services Research, University of Colorado, under contract to Centers for Medicare and Medicaid Services - Academic Affiliated Research Institute

Centers for Medicare & Medicaid Services - Federal Government Agency [U.S.]

### Funding Source(s)

Centers for Medicare & Medicaid Services

Robert Wood Johnson Foundation

New York State Department of Health



## Composition of the Group that Developed the Measure

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## Financial Disclosures/Other Potential Conflicts of Interest

None

## Endorser

National Quality Forum - None

## NQF Number

not defined yet

## Date of Endorsement

2011 Dec 28

## Measure Initiative(s)

Home Health Compare

## Adaptation

This measure was not adapted from another source.

## Date of Most Current Version in NQMC

2016 Mar

## Measure Maintenance

Annually

## Date of Next Anticipated Revision

Unspecified

## Measure Status

Please note: This measure has been updated. The National Quality Measures Clearinghouse is working to update this summary.

## Measure Availability

Source available from the [Centers for Medicare & Medicaid Services \(CMS\) Web site](#)

For more information, contact CMS at 7500 Security Boulevard, Baltimore, MD 21244; Web site:

[www.cms.gov](#)

## Companion Documents

The following are available:

Department of Health & Human Services, Center for Medicare & Medicaid Services. Home health agency quality measures: technical documentation of OASIS-based patient outcome measures. Baltimore (MD): Center for Medicare & Medicaid Services (CMS); 2013 Jul. 22 p. This document is available from the [Centers for Medicare & Medicaid Services \(CMS\) Web site](#) .

Department of Health and Human Services, Centers for Medicare & Medicaid Services. Home health agency patient-related characteristics reports: technical documentation of measures. Revision 2. Baltimore (MD): Centers for Medicare & Medicaid Services (CMS); 2013 Jun. 113 p. This document is available from the [CMS Web site](#) .

## NQMC Status

This NQMC summary was completed by ECRI on October 5, 2004. The information was verified by the measure developer on December 17, 2004 and was reviewed and edited on September 26, 2005. The information was verified by the measure developer on October 15, 2009 and again on May 27, 2010. This NQMC summary was retrofitted into the new template on June 28, 2011. This NQMC summary was updated by ECRI Institute on July 17, 2013. The information was verified by the measure developer on November 14, 2013. The information was reaffirmed by the measure developer on April 7, 2016.

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## Production

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